## **POWER OF ATTORNEY**

Date:			
I/We		, hereby name and	
appoint Name	to be my/our lawfu	al attorney and to act	
for me/us to apply for certificate of titl	e or registration.		
Year	Make		
Vehicle Identification Number	in the second		
	ζ		
Print Owners Name	Signature of Owner	Date	
		127	
Print Owners Name	Signature of Owner	Date	
Address C	ity/State ZIP	Telephone #	
The signature of	wa	s subscribed and	
		NH county of	
on this the day of	in	in the year of	
	Notary / Ivation of the I	2000	
	Notary / Justice of the F	reace	
	Signed		
	Printed		
AFFIX SEAL	My commission expires	My commission expires	

## \*THIS FORM MUST BE NOTARIZED\*

Note: Please sign name(s) as they appear on the title.